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CONFIRMATION NO. 6154

<b>SERIAL NUMBER</b> 10/660,798	<b>FILING OR 371(c) DATE</b> 09/12/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 1194-282
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/993,896 11/27/2001 ABN which claims benefit of 60/253,138 11/28/2000  
This application 10/660,798  
is a CIP of 10/281,138 10/28/2002 PAT 6,815,441  
which is a DIV of 09/583,902 06/01/2000 PAT 6,479,481  
which claims benefit of 60/137,421 06/04/1999  
and claims benefit of 60/151,050 08/27/1999  
and claims benefit of 60/167,681 11/29/1999  
and claims benefit of 60/174,607 01/05/2000  
and claims benefit of 60/182,200 02/14/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
12/03/2003

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IRELAND	SHEETS DRAWING 0	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Signature:  Initials:					

## ADDRESS

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## TITLE

Enhancement of effectiveness of 5-fluorouracil in treatment of tumor metastases and cancer

<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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